

# THE NEW YORK JOURNAL OF MEDICINE.

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PART FIRST.

## Original Communications.

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ART. I.—*Original Communications from William H. Prescott and Washington Irving, Esqs., relative to the American Origin of Syphilis; with additional Remarks descriptive of an Epidemic Disease, termed Matlazahuatl, which, prevailing among the Native Mexicans, has been supposed to be analogous to the Yellow Fever; and also descriptive of the fact, that the Prophylactic Power of the Vaccine Virus was known in the Peruvian Andes, before the era of Jenner.* By the EDITOR.

ALTHOUGH the question, whether Syphilis existed in the West Indies and on the continent of America at the period of their discovery by the Spaniards, is, by the profession in this country, very generally decided in the negative; yet, in order effectually to remove all remaining doubts, and to efface completely the stigma thus cast upon the New World by the Old, at a time when, in Europe, the opinion that the human species, and indeed the whole animal kingdom, in America, had become entirely *degenerated*, we will here present the evidence of two of the most accomplished and distinguished historians of modern times. Peculiarly qualified for this decision by the nature of their literary pursuits, it will suffice to say that the one is the author of "The Life and Voyages of Columbus," and the other, of "Ferdinand and Isabella," and more recently, "The History of the Conquest of Mexico." After this testimony shall have been presented to the world, this long-mooted question must be considered as conclusively put to rest, and never more to be revived.

The following letter is addressed by Mr. Prescott to Alexander E. Hosack, M.D.

"Boston, January 22d, 1844.

"My dear Sir,—I have received your note of the last week, inquiring whether in my researches relative to the History of Mexico, I had met with any trace of the existence of the Venereal disease among the Aborigines previous to the coming of the Spaniards. I observe, also, that you remark, that Dr. Forry had already put the same question in a letter addressed to me some time



## American Medical Intelligence.

### CERATOPLASTICE IN MAN.

MR. EDITOR :—In the fall of 1838, I performed the operation of "Keratoplasty" on the eye of James Dunn, in the presence of Drs. J. C. Paul, Wm. C. Roberts, J. B. Kissam, and P. Pratt; and the case was subsequently seen by Dr. Edward Delafield. But for the hope of repeating and confirming the operation, I should have communicated it at an earlier date. I now send it to your Journal for the purpose of placing it upon record.

Very truly, yours,

New York, Feb. 13, 1844.

RICHARD S. KISSAM.

James Dunn, æt. 35, an Irishman of good constitution, having one eye entirely destroyed, and the other presenting a staphyloma with adhering iris, capable of distinguishing only a very bright light, presented himself for relief.

About this time I had seen the account of Mr. Bigger's experiments of transplanting the cornea of one rabbit to the eye of another, with success, and I determined to give the patient the only chance that presented itself, that of transplanting a new cornea to the seat of his opaque one.

Having obtained a pig about six months old, I prepared for the operation. I provided myself with several curved needles of the smallest possible size, and with Beer's cataract-knife.

The patient was placed on his back, on a table. I then attempted to remove the cornea from the animal; but in this I was foiled, as the pig had the power of retracting the eye within the orbit.

Then it was determined to extract the eye from the socket, which was done, and a piece of cornea half as large as the thumb nail was cut out and placed upon the end of a piece of cork, and two ligatures passed through it at opposite sides.

Now, with Beer's cataract-knife, I removed the necessary portion of the protruding cornea of my patient, and to my great regret found the vitreous humor in a very fluid state, so that great caution was necessary to prevent its evacuation.

The cornea from the animal appeared more like cobweb than any other material, but it was carefully *laid over* the aperture in my patient's eye, and secured by the two ligatures on a line with the angle of the tarsi. The ligatures were now cut short, and the lids carefully closed.

After twenty-four hours, I discovered, on separating the lids, a violent chemosis, which, in twelve hours more, had so much subsided as to allow me to remove the ligatures, when I was both surprised and delighted to find the transplanted cornea had united with the patient's, and of believing myself the first who had succeeded in this operation on the human eye.

In the course of two or three days the inflammation diminished, and now were clearly revealed the wonderful powers of nature in adapting herself to contingencies.

The chemosis was so great that the raised conjunctiva served as a cushion to protect the transplanted cornea from irritation of the moving tarsi; but more important still, it over-lapped the added cornea, so that like surface was applied to like surface, and then united. It will be remembered that the cornea of the animal was laid *over* that of my patient, and thus the internal surface of the transplanted cornea was applied to the external surface of the patient's, placing unlike surfaces in contact, which are not disposed to unite.



From the delicacy of the parts, it would be utterly impracticable to *fit* in an aperture, a piece of foreign substance equally delicate.

The vision, *immediately* after the operation, was improved, inasmuch as an increased quantity of light was admitted through the new transparent cornea; the light was of all the colors of the rainbow, being decomposed by passing through the diseased humor of the globe. The cornea continued transparent a fortnight, when it commenced to become opaque; and in the course of a month it was absorbed.

I believe that had the internal structure of the eye been perfect, no absorption would have occurred, because what is necessary is generally preserved; unnecessary parts nature does not long preserve. The transplanted cornea was worse than useless, because, though it transmitted light, the light was decomposed, and was of no benefit to vision.

After the absorption of the new cornea, the remains of the old one contracted upon itself, thus materially improving the appearance and comfort of the patient, the irritation of the protruded staphylomatous cornea being removed.

To those who shall attempt repeating this operation, I would say, place your sutures above and below, and not at the sides, as the sharp edge of the lower tarsus was a source of disturbance, inasmuch as it engaged in its movements the new cornea, and lifted it up. This I was obliged to remedy by passing a ligature through the integuments near its edge, thus securely drawing it down so as to prevent motion.

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*Note to Dr. Roberts' Pyretological Inquiries.*—While the sheets of this article are passing through the press, we had occasion to examine the Lecture of Drs. Armstrong and Watson, the latter recently published, and one of the most practically useful books that ever was presented to the student. There are in both these volumes some coincidences of opinion with those published in our *Inquiries* which we desire to notice. Dr. Armstrong was once a strong believer in the contagiousness of typhus; but of later years changed his sentiments, and, in the work before us maintains with plausibility, energy, and eloquence the idea of its infectious nature. He died in the belief that "what is now commonly called typhus fever, arises from malaria, or marsh effluvia; and he evidently considers that intermittent, remittent, and continued fevers arise from the same cause, *and are the same disease* with certain modifications. He states that he saw a case which began as intermittent, became remittent, and ended as typhus of high malignity.—(Lect., p. 435.) He speaks of intermittent, and remittent typhus.—(V. *Inquiries*.) Dr. Armstrong notices the fact that typhus arises in *single cases*, at the same time, in places remote from each other, and explains them by local malarious infection. These are the cases we have alluded to upon p. — of our *Inquiries*, and have there attempted to account for, but not in this mode, which is another and a possible way of explanation. He coincides with Dr. Southwood Smith (v. *Inquiries*, p. 182) in saying "that intermittent fever puts on the remittent type, when slight inflammation occurs; and the continued character when it is higher and more extended."—(Lect., p. 457, Am. ed., 1837.) This idea refers the character of the fever to the intensity of the local lesion, and leaves out of view the intensity of the poison, both in inducing those lesions and in influencing the type of the disease. Plague and yellow fever, Dr. Armstrong considers as modifications of typhus.—(472.) We refer the reader for a general similarity of views to p. 182 of this volume, line 13th et passim. Dr. Armstrong denies the existence of a fever *sui generis* with puerperal state, considering such cases to be either, in his own language, common inflammatory fevers (inflammations), or specific fevers (typhus), occurring in that state; by accident occurring in the one case, in the other by malarial influences, as at any other time, but with certain necessary modifications, and not contagious. The reader is requested to compare this statement (Lect., p. 511) with the note on page 182 of this Journal. The work of Dr. Armstrong is the production of a genius. That of Dr. Watson, of a scholar; both are eminently practical and interesting from their style, which is familiar; but the latter is the safer guide, and more in accordance with existing doctrines. "There is," says Dr. Watson, "*but one species of continued fever, although there are*